

Michigan Gaming Control Board

Cadillac Place 3062 W. Grand Blvd. Suite L-700 Detroit, Michigan 48202-6062



**OCCUPATIONAL LICENSE
LEVEL 2 or 3 APPLICATION**

**I AM APPLYING FOR A
LEVEL ☐ 2 ☐ 3 LICENSE**

This form is authorized under Public Act 69 of 1997, the Michigan Gaming Control and Revenue Act. Failure to provide information could result in rejection of or delay in the processing of this application.

The Board will not process an application for an occupational license unless the application includes a **written statement from a casino or supplier licensee that the applicant has been hired, or will be hired upon receiving the appropriate occupational license.**

Respond to all the questions to the best of your knowledge. **Any misrepresentation or omission is grounds for license denial.**

A. APPLICATION FEE

The applicant is responsible for the payment of all fees required under the Act. **These fees apply to Occupational License Level 2 and Level 3 applicants.** This application along with a \$100.00 application fee for Level 2 or a \$50 application fee for Level 3 must be filed with the Michigan Gaming Control Board, Cadillac Place 3062 West Grand Blvd. Suite L-700 Detroit, MI 48202. All payments must be by cashier's check, certified check, company check, or money order, and made payable to the "State of Michigan". **DO NOT SEND CASH.** All fees are non-refundable.

Upon the Board's decision to grant a two-year Occupational License, a letter will be mailed requesting an additional fee of \$100 for Level 2 or \$50 Level 3.

B. FORMS AND DOCUMENTS

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. The applicant shall submit an **original** of the application and all required attachments.

Submit **COPIES** of the following documents with your application:

- (1) Your **birth certificate, passport, naturalization papers or alien registration card**
- (2) Your **Social Security Card**
- (3) **Picture identification** (driver's license, state or military ID)
- (4) A **written statement** from a casino or supplier licensee that you have been hired, or will be hired upon receiving the appropriate occupational license

The Michigan Gaming Control Board will take your photograph and fingerprints during the application process.

Note: The Board, in its discretion, may hereafter require the applicant to furnish additional information or complete and submit additional forms.

C. APPLICATION WITHDRAWAL

In the event the applicant fails to provide the information, forms, and documents required by Board in connection with this application within **60 days** of the date this application is received by the Board, the application shall, without further notice, be deemed to have been voluntarily withdrawn as of that date and no further action will be taken in connection with the application. However, if the applicant's employer is licensed or registered under the Michigan Gaming Control and Revenue Act, the Board will notify the applicant's employer of the application withdrawal, its effective date, and the expiration of any temporary license that may have been issued pending provision of the information, forms, or documents required. The Board, in its discretion, may reinstate the application upon good cause shown.

When completing this application, you may require additional space. If so, please use a separate sheet of 8½ x 11 paper to complete your answer. Be sure to indicate which question you are answering.

Occupational License Application				Check Level 2 <input type="checkbox"/> or Level 3 <input type="checkbox"/>	
Last Name		First Name		Middle Name	
Maiden Name, Alias, Nicknames, Other Name Changes - Legal or Otherwise			Occupation		Residence Telephone () -
Present <u>Residence</u> Address (Street)			City		State Zip
Date of Birth (mm/dd/yyyy)		Place of Birth (City, State, Country)			Country of Citizenship
Social Security Number		Sex <input type="checkbox"/> F <input type="checkbox"/> M	Height FT IN	Weight LBS	Hair Color
If you are not a citizen of the United States, provide the following: <input type="checkbox"/> Not Applicable					
Admission/Arrival #:			Alien "A" Number or Social Insurance Number		
If you are not a citizen of the United States, list the name and address of your sponsor upon your arrival: <input type="checkbox"/> N/A					
Name		Address		City	State Zip Code
Current Marital Information					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Current Spouse					
Last Name		First Name		MI	Maiden Name

CRIMINAL HISTORY

Questions 1-7 relate to criminal offenses, either felony or misdemeanor. Answer each question as it pertains to you. DO NOT include civil traffic violations.

1. Have you ever:

No **Yes**

☐
☐
☐
☐
☐
☐

been arrested or detained
been indicted or charged
pleaded guilty

No **Yes**

☐
☐
☐
☐
☐
☐

pled no contest
forfeited bail
been convicted

If you answered **yes** to any of the above, please complete the following table:

Nature of offense	Date of charge or incident m/d/yyyy	Name and address of court or police agency	Disposition	Date m/d/yyyy	Felony (F) or Misdemeanor (M)

2. Have you ever been granted immunity? ☐ No ☐ Yes
3. Have you ever been named an un-indicted co-conspirator? ☐ No ☐ Yes
4. Have you ever been charged with a criminal offense, either felony or misdemeanor, which did not result in a conviction? ☐ No ☐ Yes

If you answered **yes**, please describe the nature and date of the charge, name and address of government agency or court involved and final disposition.

(Include court or police agency documentation)

5. Have you ever been placed on a diversionary program to avoid criminal arrest or conviction? ☐ No ☐ Yes

If you answered **yes**, please describe the circumstances, outcome, and efforts being made to pay back any debt incurred. **(Include court or repayment documentation)**

6. Describe any arrests, which did not result in a formal criminal charge. **(Include court or police agency documentation)** ☐ Not Applicable

7. Describe all criminal convictions that have been expunged or otherwise removed from your criminal record. **(Include court or police agency documentation)** ☐ Not Applicable

Failure to provide documents or information required by Board in connection with this application within **60** days of the date this application is received by the Board, will, without further notice, result in your application being considered as having been voluntarily withdrawn and no further action will be taken in connection with the application.

8. Are you delinquent in the payment of any taxes? ☐ No ☐ Yes

If you answered **yes**, please complete the following table:

Taxing agency	Type of tax	Dates involved (m/yyyy)	Amount

9. Are you current in filing federal and state tax returns? ☐ No ☐ Yes

10. Have you ever applied for a license, permit or other authorization to participate in a Gaming Operation in Michigan or any other jurisdiction? ☐ No ☐ Yes

If you answered **yes**, please complete the following table:

Type of gambling operation	Date of application (m/yyyy)	Licensing agency's name and address	Status of application i.e.: granted, pending, denied, revoked	License number

11. Have you filed any type of bankruptcy within the last seven years? ☐ No ☐ Yes

If applying for a Level 2 license and answered yes to this question, please submit as Exhibit (1) a complete copy of the bankruptcy petition and discharge.

12. List any immediate family members that have financial, ownership, or employment interest in any business entity with a gaming license. ☐ Not Applicable

Name of person and relationship to you	Business entity name/address	Type of interest	Dates involved		Financial interest / % of ownership
			From (m/yyyy)	To (m/yyyy)	

ATTACHMENT A

APPLICANT'S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT

I, _____
(Applicant)

hereby acknowledge that the Michigan Gaming Control Board will require supplemental materials in order to carry out its statutory duties. I hereby agree to submit supplemental materials as requested by the Board. I further agree to withdraw my application in the event that I do not provide materials required by the Board, within **60** days from the date the Board receives this application.

hereby acknowledge that issuance of a gaming license is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this form, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application may be requested.

hereby acknowledge that I am under a continuing duty to promptly disclose to the Board any changes in the information provided in the application and requested materials submitted to the Board. To comply with this requirement I must submit a letter to the Board stating the changes and reference the specific question(s) within the application to which the changes pertain. **MCL 432.208(10), R 432.1206(2), R 432.1301(6)(a)(c)**

hereby consent to inspections, searches, and seizures as provided in **MCL 432.208(9)** and to disclose to the Board and its agents confidential records, including tax records held by any federal, state or local agency or credit bureau or financial institution while applying for or holding a license under this act. **R 432.1336**. This consent is also authorization to review and inspect tax records administered under the Revenue Act 122 of 1941 (as amended).

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

IN WITNESS WHEREOF, I have executed this instrument at the City of _____ State of _____ on this _____ day of _____, _____.

Applicant's Signature

Printed Name

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this _____ day of _____, _____.

Notary Public, (Written Signature)

Notary Public, (Printed Name)

My commission expires: _____

County of Residence: _____

ATTACHMENT B

VOLUNTARY CONSENT TO RELEASE INFORMATION MATERIALS AND DOCUMENTS

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such Institutions, and all Governmental Agencies federal, state and local, without exception, both foreign and domestic.

I, _____
(Applicant)

have authorized the Michigan Gaming Control Board and its employees and agents to conduct a full background investigation into my personal and business activities.

Therefore, I authorize and request that you release any and all information, materials and documents in your possession which have been requested by any employee or agent of the Michigan Gaming Control Board regarding my personal or business activities. I am voluntarily giving this consent to release information, materials and documents provided that the employee or agent of the Michigan Gaming Control Board properly identifies himself or herself as an agent or employee of the Michigan Gaming Control Board.

This authorization supercedes and countermands any prior authorization and request to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this instrument at the City of _____
State of _____ on this _____ day of _____, _____.

Applicant's Signature

Printed Name

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this _____ day of _____,
_____.

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____

County of residence: _____

ATTACHMENT C

RELEASE OF ALL CLAIMS

The undersigned has filed with the Michigan Gaming Control Board (Board) certain forms and documents relative to a written application request for licensing by the Board. In consideration of the assurance by the Board that no vote on said application will be taken except after deliberate, intensive and thorough investigation of the undersigned, including but not limited to background history, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the Michigan Gaming Control Board, the State of Michigan, the Department of Attorney General, the Department of State Police and their respective members, agents and employees, from any and all manner of actions causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this instrument at the City of _____
State of _____ on this _____ day of _____, _____.

Applicant's Signature

Printed Name

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this _____ day of _____,
_____.

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____

County of residence: _____

ATTACHMENT E

APPLICANT'S VERIFICATION

I, _____
(Applicant)

being first duly sworn upon oath or affirmation, depose and state:

1. I am the individual responsible for submitting this application.
2. I swear (or affirm) that the information contained in this application form is true, complete and accurate to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have executed this instrument at the City of _____
State of _____ on this _____ day of _____, _____.

Applicant's Signature

Printed Name

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this _____ day of _____,
_____.

Notary Public, (Written Signature)

Notary Public, (Printed Name)

My commission expires: _____

County of residence: _____

ATTACHMENT F

OCCUPATIONAL LICENSE APPLICANT VERIFICATION FORM

I, _____
(Applicant)

being first duly sworn upon oath or affirmation, depose and state:

1. I have not been convicted of a felony under the laws of Michigan, any other state or the United States.
2. I have not been convicted of a misdemeanor involving gambling, dishonesty, theft, or fraud in Michigan, any other state, or any violation of an ordinance in any state involving gambling, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state.
3. I am at least 18 years of age if applying for a non-gaming position or at least 21 years of age if applying for a position involved in gaming.
4. I authorize and consent that my fingerprints will be taken by the Michigan Gaming Control Board for purposes of identification, licensing, or license renewal. These fingerprints will be forwarded to and retained by the Michigan State Police for any lawful investigative and identification purposes.

I understand that a false statement in my application or on this form may result in the withdrawal, suspension, or revocation of my temporary license and could lead to the denial of my occupational license application. I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

IN WITNESS WHEREOF, I have executed this instrument at the City of _____
State of _____ on this _____ day of _____, _____.

Applicant's Signature

Printed Name

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this _____ day of _____,
_____.

Notary Public, (Written Signature)

Notary Public, (Printed Name)

My commission expires: _____

County of Residence: _____